

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>DR</i>	<i>32</i>	<i>5/25</i>
<b>FORMALITY REVIEW</b>	<i>R</i>	<i>JC 872</i>	<i>07-03-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>HC</i>	<i>412</i>	<i>10-12-01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy